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PLASTIC SURGERY.

BY WM. TOD HELMUTH, M. D.

THERE is no branch of surgical science that demands more inquiry, and that is so often both satisfactory and unsatisfactory in its results, as that of Plastic Surgery. Auto-plastic and other methods of Plastic Surgery signify methods of reconstruction of parts that are deficient. These may be either congenital defects or the products of accident or disease. The celebrated Mr. Wells, of ovariotomy fame, gives this definition of Plastic Surgery: "It is," he says, "that department of operative surgery, which has for its end the reparation or restoration of some lost, defective, mutilated, or deformed part of the body."

It is said that Celsus and Galen were acquainted with this method of restoration of parts; but it is generally conceded that the father of "Plastic," was Gasparr Jagliacozzi Talcacotius, who lived in the sixteenth century, was Professor of Surgery and Anatomy at Bologna, and who was supposed to be a necromancer, on account of his being able to restore parts which were lost; to fit on a nose if it were gone, to put on a prepuce if it had been destroyed by a chancre, etc.

Until recently, plastic surgery was mostly limited to the integumentary surfaces, but recent operations, termed the *osteo-plastic*, have given such favorable results, that they will necessarily come under the head of "Plastics" in surgery. The skin-grafting of ulcers, transplantation of flesh and tissue, either with or without pedicles, the operations for hare-lip, cleft palate, lacerated perineum, operations upon the eyelids and urethra, all these belong to this interesting field.

The osteo-plastic operations on the maxillary bones, Pirogof's amputation, amputation through the condyles of the femur, with attachment of the patella, and the recent operative measures for removing tumors of the antrum and naso-pharyngeal polypi; as well as various operations on the vagina, etc., render the domain of plastics a wide one indeed.

The great points to be remembered in performing such operations are:

1st. The general condition of the patient.

2d. Complete arrest of hemorrhage before closure of the wound.

3d. Union by the first intention.

All patients about to be subjected to plastic operations, should be allowed to remain in bed for several days. Abernethy remarks, that he found that patients who had been confined in bed for a length of time, underwent operations better than those who had not been so rested; and I am disposed to agree with him. A bath should be given daily, and all food prohibited which would tend to cause dyspeptic symptoms. Cheerful apartments, attentive nurses, good ventilation, and proper diet are essential in all operations, and especially in the more delicate ones of which we treat. During this period, *Silicea*, in the 30th trituration, should be given twice a day, about three grains at a dose.

A peculiar fact I have noticed, especially in the treatment of ulcers, is, that the grafts do better, and are not so likely to abort, when the patient has been using *Silex* for a week or two previous to the operation. In syphilitic patients *Silicea* has no effect, but I am positive the *Iodide of Potash* has, particularly when administered in tangible quantities.

It would give me a great deal of pleasure if our surgeons would experiment with these medicines in "plastics."

The best method of arresting hemorrage in the operation, if it be possible, is by torsion. Speirs'

artery constrictor will often serve the purpose, as will the acupressure pin well applied. After the bleeding has ceased, every clot should be washed away, and oozing allowed to cease. The sutures to be used are those of silver wire, for the re-introduction of which into the domain of surgery we are so much indebted to Dr. Sims.

In closing the wound, such sutures must be used as will in the least degree obstruct the circulation of the flaps. These, perhaps, are the bar-sutures with the perforated shot, or the ordinary quilled sutures. The needles should be round, slightly curved at the point, and without cutting edge. In making our flaps, much time and discrimination must be used, and many patient measurements taken, especially if the flap is to be twisted or bent upon a pedicle. It has been recommended by some surgeons that the dimensions of the flap should be taken on card-paper, or gutta-percha ; but I can recommend a better article in parchment which has been wetted. It is very pliable, and will twist upon itself as easily as the integument ; it is semi-transparent, and being laid over the part to be closed, the boundaries can be clearly defined and traced. It is especially serviceable in the many manipulations which are often necessary, because it does not tear. I have used this substance for a number of years, and have reason to speak well of it, for the purposes mentioned.

In repairing parts of the body wanting, either from arrest of development, or from the ravages of disease, or accident, the surgeon should bear in mind the fact that he cannot expect to have a result equal to nature, and he, be it patient or surgeon, who anticipates such a result, will certainly be disappointed. Nature ever triumphs over art, and here is the boundary between what is God-like and what is human.

Another item to be remembered, is the *shrinkage of the flap*, which almost invariably occurs, and which should be in a measure anticipated by always dissecting off a flap which will be somewhat larger than the exact size of the wound.

Gangrene, which may result from a defective supply of blood, either from too much constriction of the pedicle, or the pressure of the sutures, together with the presence of the called nodular tissue, which must be cut away entirely, if we expect a good union, are often the causes of failure. The simplest plastic operation is skin-grafting in ulcers. It is a method which, according to Jobert, was known long ago in India. The grafts were taken from the nates, having been previously slightly bruised to increase vascularity. This method, however, failed frequently, probably from the bruising process to which the parts were subjected.

There is no doubting the fact, that portions of the body have been entirely cut off, and having been speedily replaced, have been known to unite themselves perfectly.

Dr. Prince, in his "Plastic Surgery," mentions a case of a man, who, having cut off two of his fingers, replaced them, and then consulted a surgeon ; he, for the sake of greater security, applied additional dressings to them. The fingers united firmly, but their ends became gangrenous, in consequence of the tight strapping which had been employed.

Prof. Eve, in his "Remarkable Cases in Surgery," cites the case of a woman, who had the whole of the soft parts of her nose bitten off in a fight with a man. Three hours after, she was seen by the surgeon, who insisted upon searching for the lost olfactory. After a considerable time, the missing member was found, "contracted and covered with filth." It was thoroughly cleansed, adjusted, and reapplied. In thirty-seven days it was firmly united, but had assumed a bluish hue. A solution of nitrate of silver was applied to the tip, and in five days it had resumed its natural color.

Brown-Séquard, in 1850, grafted the tail of a cat on a cock's comb, with success.

On one occasion I replaced the end of a finger which had been severed by an accident, and held it in situ by straps and bandages. Not the slightest attempt at union resulted. In a second case my efforts were followed by success. I do not propose to occupy much space with the simple methods of the skin-grafting process, which, no doubt, is familiar to all. It is generally attributed to M. Reverdin, who, in 1870, published a paper on "Epidermic Grafting." In Holmes' "System of Surgery," the following paragraph occurs, written by Holmes, while surgeon to St. Bartholomew:

Speaking of the "Transplantation of Skin," he says, "The ingenuity and merit of the invention, which is due to M. Reverdin, of Paris, the readiness of adoption, which is due to Mr. Pollock, and the great success which has followed the numerous trials now made in every direction, warrant the conclusion, that the proceeding is one of the most striking and successful in modern surgery." We can claim for this country priority for this opera-

tion, as we can for excision of the jaw, by Diedrich, of Tennessee, and ovariotomy by McDowell, of Kentucky. In a report of the Dispensary of the Geneva Medical College, 1847, can be found the record of the case of a boy whose leg had been stripped of integument, eight years before, and the wound not having healed, Dr. F. Hamilton proposed the transplanting of a piece of sound integument, in the center of the ulcer, to which, however the patient did not consent. On January the 21st, 1854, Prof. Hamilton made his first operation in the case of one Horace Driscoll, at the Buffalo Hospital of the Sisters of Charity. The ulcer was large, and the healthy integument was taken from the opposite leg. In ninety days cicatrization was complete. On the 24th of June, 1854, Dr. Hamilton read a paper before the Buffalo Medical Association, on "Old Ulcers treated by Anaplasty," which gives to him the priority of claim in this department. His views and some interesting remarks on skin-grafting are detailed by him in his late work on "The Principles and Practice of Surgery," page 42 et sequitur.

Before closing this brief paper, I may give from Prince the varied methods of performing Plastic operations. They explain themselves.

I. Sliding in a direct line.
II. Sliding in a curved line.
III. Jumping. (Indian method.)
IV. Inversion or eversion.
V. Talio-cotian. (The part obtained from a distance.)
VI. Grafting.

As we have already remarked, no rules can be laid down for plastic operations. Each case is so different; each requires a careful consideration, as to the number and character of the operations to be performed. Sometimes the result is so satisfactory, that the surgeon is more than gratified with the result, while at others, so unsatisfactory, that every one experiences nothing but discouragement.

M. Rabuteau, at a late meeting of the Academy of Sciences, in January last, communicated the result of experiments made by him to determine the nature of the acid which causes the acidity of the gastric juice. His results conform to those of Braconnot, Prout, Lassaigne and Schmidt, that the gastric juice owes its acidity to hydrochloric and not to lactic acid.

INTRA-OCULAR HEMORRHAGES.

BY C. T. LIEBOLD, M. D.

The past winter has been marked in the medical world by great disturbances of the circulation. Hemorrhages and inflammations, especially of the lungs, have been of exceeding frequency and severity. The eyes have also had their share, and in hospital as well as private practice a larger number than usual have been at the same time under observation and treatment for this sanguinary complaint.

Anatomical Notes:

The human eye, as we know, has two distinct and almost entirely separate systems of circulation. The retina has one for itself alone, and all the remaining structures are directly or indirectly supplied and nourished by the other. Directly, the uveal tract—composed of chorioidea, corpus ciliare, and iris (the bearer of the blood-vessels); indirectly, the transparent structures, the corpus vitreum, lens, with its capsule, humor aquosus, and cornea. The sclera and adnexa we consider as outsiders.

The vessels in the orbita have several peculiarities. The arteries are very thin-skinned, very loosely connected with the fat of the orbita, and very meandering in their circumlocutory course, which, as *Merkel*,* like a true anatomist, observes, is for the purpose to allow them to follow the movements of the bulbus and muscles without being unduly pulled or strained. A more physiological explanation would be, that thereby the force of the pulsation is most effectually broken, and an absolutely even and continuous supply of arterial blood obtained for the delicate structures of the interior eye in its normal condition. If there is any considerable increase of the tension of the ball, as in Glaucoma, and the blood has to overcome this hindrance, then we see, through the ophthalmoscope, not only pulsation of the retinal arteries, but even sometimes of the veins. By pressure with the finger on the ball, pulsation can be temporarily produced in the sound eye.

Another peculiarity is, that the larger branches of the veins do not accompany the arteries, but for the most part run their course entirely separate and alone. There are also remarkably few anastomoses between the retinal and ciliary systems, only around the entrance of the optic nerve, the circulus arteriosus nervi optici, in the sclera, and some almost capillary anastomoses between the vessels

* Handbuch der gesammten Augenheilkunde von A. Græfe und Th. Sœmisch, B. I. S. 101.

of the chorioidea and those of the optic nerve. Nowhere else, especially not at the ora serrata, the anterior terminal border of the retina, is there even a capillary connection.* The art. and vena centralis retinæ are only side by side in their short course through the optic nerve. The artery comes from a branch of or the art. ophthalmica itself, which enters the orbita with and below the nerve through the optic foramen. The vena centralis retinæ opens either directly into the sinus cavernosus, or may unite first with the vena ophthalmica superior, which leaves the orbita through the upper part of the fissura orb. sup.

In or upon the retina, arteries and veins divide into more and more branches, the arteries generally taking the shorter and straighter course. Neither of the branches anastomose among themselves; the capillary system has very wide meshes, and even the finest do not enter the retina more than half its thickness. There are none at all in the layer of rods and cones, and in the outer granule layer, the fovea centralis, the point of distinct vision is entirely free. There is but one case on record by Mauthner, who has seen a vessel cross the macula rutea.

Most of the mammals have retinal vessels, only the rabbit, the guinea-pig, the armadillo, and the horse have none at all, or only very small ones around the entrance of the optic nerve. Also none of the other animals have retinal vessels, their retinas are nourished either exclusively by the chorioidea, or they have besides a comb or crest-shaped vascular organ (birds and lizards), or through special vasa hyalvidea (ophidians, and fishes, except the eel, which has retinal vessels).† Of all eyes, many birds seem to have the best, not only that their foveæ centrales are exceedingly well developed, especially in the birds of prey, but they have also a second one in each eye, for monocular vision, so that they can see at the same time in three directions distinctly. Oh, Darwin, Darwin! is there no hope for us that we may develop also an additional fovea at least, even if we learn only to fly in the balloon, and not with wax wings like Dædalus? What if it takes a million or billion of years, and have we not already the *mm* potency?

The ciliar and choroideal system of circulation, receives its arteries also from the art. ophthalmica. The aa. cil. post. breves (some 20) and longæ (2) enter the sclera near the optic nerve, and the aa. cil. anteriores come from the art. of the four recti muscles (from R. ext. 1, the others 2 each), they pass the sclera near the corneal border. The veins carry the blood off through the four to six Vv. Vorticosæ which leave through the sclera near the æquator. The Vv. cil. anterior. leave where their arteries enter; they are much smaller than the latter, and take only part of the blood from the ciliary muscle up. All vessels pass the sclera more or less obliquely. This long but still very incomplete statement of the circulation in the eye, is not only necessary to understand some phenomena in intra-ocular diseases, especially hemorrhages, but there are still some physiological points yet undecided, one of which is the use or function of the so-called sinus venosus (Leber) or canalis schlemmii, in the anterior part of the sclera. Of the old explanation, that it is a receiver of venous blood, *Leber* is still the most prominent defender. As it has never been found to contain blood in the eyes examined (except in those whose possessors have died by strangulation), *Waldeyer*, I think, is right when he says, that that will be the only undoubtable proof. *Arnold* injected it from the arteries, but could not from the veins. *Sappey* injected from it the Vv. cil. ant. with quicksilver. *Schwalbe* and *Waldeyer* found, through injections with turpentine colored with alkannin into the anterior chamber, a communication through the canal with the scleral veins. *Schwalbe* says valves prevent the venous blood from entering the anterior chamber, but they have not been found yet. Injections into these tender structures may make communications where none previously exist. And if it is not in connection with the lymphatic system, where is the absorption of blood or pus from the anterior chamber accomplished—does the iris perform that? The cornea and lens certainly do not do it.

(*To be continued.*)

* Leber in op. cit., Band II. S. 308.

† Leuckart and Leber *ibid.* B. II. S. 255, 32.

It is proposed in London, to establish a hospital for the better classes. For many reasons the use of hospitals is not confined to those who are poor and necessarily homeless, but they are resorted to by well-to-do persons, living in hotels; strangers, who go to the city for medical advice of a special kind, and others able and willing to pay for good accommodations. To meet the want of these classes of patients, it is proposed to start a co-operation hospital company for ladies and gentlemen. Each patient is to have two rooms, with a private or partly private entrance. The site proposed is the Thames embankment.

GALVANIZATION OF THE SYMPATHETIC.*

BY HENRY C. HOUGHTON, M. D.

ALTHOUGH there are many questions concerning the functions of the organic system of nerves, to which we are unable to give satisfactory answers, yet experimentation has demonstrated its intimate relations to the processes of nutrition, secretion, and animal heat.

Previous to the discovery of electricity, mechanical or chemical means of irritation were used in the study of the functions of the nerves. But no agent so closely similates the nerve force as the galvanic current, and since it has been used to stimulate nerve trunks and ganglionic centers, the study of innervation has made great advance.

In this, as in other matters, physiological study raises questions of great importance in therapeutics; and the object of this paper is to bring to your notice some considerations concerning the use of the galvanic current as an adjuvant to the indicated remedies. Please note the position which is given to this agent, not principal, but subordinate.

The phenomena arising upon the passage of the galvanic current through the tissues of the human body, are uniform, and so different from those caused by other forms of electricity, that we must first give attention to some general considerations of this great force in nature.

Electricity is always the same in essence, but varies in form of manifestation, according to the variety of mechanism by which it is evolved.

Prof. Eddy, of Princeton College, in a summary following a discussion on the nature of electricity, says: "All the great forces of nature; light, heat, chemism, electricity, etc., are modifications, or components, or directions given to these atomic or molecular motions. These different forces continually shade into each other, so that it is difficult to obtain one, without also obtaining one or more of the others; and with all these forces, the tendency is to degrade into heat.

"Electricity, in its various forms, is simply one modification or component of direction, given to these atomic or molecular motions. It is easily changed into the other forces, especially into heat, and the same actions that generate it, also generate at the same time heat or other forces. All, or nearly all the ordinary chemical actions develop electricity, although not always in sufficient quantity to be detected or measured; and conversely, all the ordinary batteries develop heat as well as electricity.

"As electricity is a modification of the atomic and molecular motions of matter, it follows that it must vary in its characteristics with the nature of the substance through which it passes. Hence we may explain, in part at least, the distinctive characteristics of statical, galvanic, and induced electricity, and also the fact that induced currents of different orders, vary with the length and thickness of the coils, and with the general construction of the helix."

The article from which the above is quoted, expresses very clearly what seems to my mind the most satisfactory view of the nature of electricity. It is the similarity of the galvanic current to the normal nerve current, that makes it such a mighty power in restoring deficient nerve function. A similar force is generated by the ganglia and conducted by the nerve trunks, by virtue of motion among the molecules of the same.

Before speaking of galvanization of the organic nerves, it will be necessary to notice in a general way the contrast between the galvanic current and the other currents in use in medical practice. These are three in number; franklin or frictional, faradic or induced, galvanic or voltaic.

The first, or frictional electricity need detain us but a few moments, as its use has almost ceased, as the second and third have gained in favor. This form is applied directly from the frictional apparatus, or from the Leyden jar. The current or spark passes into the patient, or in some cases the patient is insulated and sparks taken out at selected points of the person. Some English practitioners still have a preference for this method. One would hardly suppose that this preference would be shared by the patients, particularly if the Leyden jar were used, the application causing a miniature thunderbolt.

The second or faradic is also known as the induced, secondary, interrupted, indirect, and electromagnetic current. This is the current that has been in more general use than others for the past twenty-five years. Although the voltaic pile was first constructed and used about the commencement of this century, electricity was little known, therapeutically, till Faraday's discovery of the induced current in 1831. The ease with which a current could be generated and also applied from this apparatus caused it to supersede the voltaic pile, for a time. Prof. Remak of Berlin, the first and most enthusiastic advocate of galvanization, has, since 1855,

* Read before the N. Y. County Medical Society, May 12, 1875.

used the current and been the leading teacher; in contrast with Duchenne, who denied his assertions, and claimed that the galvanic current was utterly useless in the treatment of disease. Remak, in turn, denied the truth of his opponent's statements concerning the effect of the faradic current. But, like the knights in the legend, they saw opposite sides of the truth, and were both correct in their claims. We will now notice the points of contrast between the faradic current and the galvanic, also known as the inducing, primary, continuous or uninterrupted, direct, and battery current. The faradic is produced, or induced, as its name implies, in a second coil of wire, by a current passing from a battery through a first or primary wire; hence it is called secondary. The galvanic is produced by no such mechanism, but passes to the patient directly from the battery, hence called direct or battery current. In speaking of the effects of the two, we must not forget that these are not the result of different forces, but manifestations of the same great one, electricity.

The galvanic current is strong, deep, slow, chemical, catalytic; the faradic, mild, superficial, quick, mechanical, and, as the term is usually applied, functional. The first is valuable in reaching deeply situated tissues, producing strong, slow contractions, causing immediate tissue changes, but is a dangerous agent in uneducated hands. The second is superficial in action, passing in the direction of the least resistance; causes rapid contractions, if muscular tissue be healthy; stimulates, without producing vertigo or dangerous symptoms, and is a safer agent in the sphere of domestic practice.

Galvanization of the sympathetic, also called central galvanization by some writers, is one method of local electrization, a plan of treatment introduced by Duchenne and Remak; the former acting with the faradic current directly upon the muscles; Remak using the galvanic upon the motor nerves at such points as they are accessible.

In order to include a portion of the sympathetic in the circuit of the current, it is customary to place the negative pole over the superior cervical ganglion at the angle of the inferior maxillary bone, and the positive on the back of the neck over the seventh cervical vertebra, or at the sterno-cleido articulation. Of course, it is impossible to isolate the ganglia, so in the former circuit we have cerebro-spinal elements, and in the latter, the pneumo-gastric.

My own experience in applying the current according to this mode has mainly been in aural patients, by bringing part of the trifacial into the circuit. Before citing cases, let me refer for a moment to the physiological experiments which preceded the introduction of galvanization as a therapeutic agent. In 1727, Petit made section of the cervical sympathetic, and his conclusions are accepted. In 1852 Claude Bernard showed more fully the phenomena that followed galvanic stimulation, and these experiments were confirmed by Schiff and Brown-Séquard.

In 1856 Pfluger demonstrated the influence of the sympathetic on the intestines. Now, the question which naturally arises is this: Do the results obtained by application of the current as above described, coincide with the experiments made by accepted authorities? Of course we have elements in the problem added because of our inability to isolate the sympathetic as fully as in the experiments made on lower animals, but experiments made by Drs. Beard and Rockwell, assisted by Profs. Roosa, Hackley, Loring and others, show that the effects are the same on the circulation in the fundus of the eye; and those of Duchenne and Leigeois gave identical results in the ear of the rabbit. In fact the uniform results in treatment, such as sleepiness, perspiration, and increased local circulation, are confirmatory.

As before stated, my interest in this method of treatment was created in connection with ear cases, the current being applied to the superior cervical ganglion of the sympathetic, and over the trifacial, in front of the auricle, thus including both sources of motor stimulus for the tympanum. In one case the gain which I expected and obtained in the function of the ear, was accompanied by a gain in nutrition that delighted the patient; digestion, sleep, and circulation in the lower extremities were all promptly and permanently restored to the former standard.

In a number of cases of proliferous inflammation of the middle ear, that were not improved as to audition, the same general improvement resulted. Two cases, which I will cite, have been especially interesting to me, because they argue, to my mind, the value of electricity as a helpmeet to indicated remedies.

Miss G——, æt. twenty-five years, for the past six months has had nervous attacks, usually when fatigued at her occupation, which was that of a milliner. These attacks were sudden in onset, described as beginning with vertigo and loss of strength, but not of consciousness. There was

entire freedom from spasmodic action. These symptoms were brief in duration, leaving the patient exhausted, and suffering with tingling pains in the left arm, and in the second, third, and fourth fingers of the left hand, with numbness. For the past few weeks a new feature has alarmed her, viz., a want of control of the lateral movements of the head, so that there was constant turning on the axis. Sleep was broken and exhausted, circulation sluggish, the hands and feet constantly cold. All symptoms have recently become more grave, the will failing to control the movements of the head. Profound melancholy, menstrual aggravations, and the character of the pains, led to the administration of cimicifuga, which afforded only temporary relief. Lachesis was given with the same result. Belladonna at once mitigated the irritation; but after the application of the negative pole to the superior cervical ganglion on the right side, and the positive to the ulnar nerve at the wrist, all the symptoms were markedly ameliorated. The treatment has been employed twice or three times each week, and the action of the remedy is more prompt the first and second day after the galvanization.

The only other case to be mentioned is that of J. D——, a lad ten years of age, a patient of Dr. J. Ralsey White, suffering from diabetes mellitus. The presumptive pathological conditions which cause this disease, and the results claimed by French authorities, led me to advise galvanization, and on February 4th, 1873, treatment commenced with three applications each week. The patient received nitrate of uranium, and diet which excluded sugar and starch. The quantity of urine diminished at once, and nocturnal enuresis ceased almost entirely; nutrition was established, and in four weeks the boy was apparently as robust as ever. An analysis, made at that time by Prof. Macdonald, showed only a trace of sugar, and a more recent one, none whatever, the specific gravity nearly normal. A number of applications at longer intervals followed the twelve mentioned, the last one May 1st, and there has been no relapse. Granting all that is due to diet and remedies, the case is certainly very suggestive of the power of the galvanic current.

The objection often urged against the use of electricity, in any of its forms, namely, that it is simply tonic and transient in its effects, is not tenable. Its use is supported by the experience of the best practitioners of the old school, as well as of our own, and rests upon demonstrable physiological reasons. Until we can explain the action of our remedies, and give the reasons which we know must lie back of our law of practice, we must not urge similar objections against electricity.

HOUSE DRAINAGE IN CITIES.*

BY AUGUSTUS P. THROOP, M. D.

THE house drainage of cities is a problem upon which the ablest sanitarians of this country and Europe have been engaged for some time. The scientific and enterprising hygienists of our beloved city of New York, some of whom have found their appropriate place on its Board of Health, have contributed many facts and valuable suggestions toward the solution of this problem.

Some observations and thoughts upon this question have led to the conclusion that while, in accordance with a former part of this article, the *earth-closet* plan is the only practical one for removing the excrementitious matters of farm-houses and village residences, in cities, where the supply of water is abundant, the *water-closet* system has certain advantages possessed by no other, and, as the removal of excrementitious matter is the greatest problem connected with the successful house-drainage of cities we will examine it briefly, knowing that any plan which attains this will accomplish the rest.

When we say that the *water-closet* system has many advantages not possessed by others, we do not intend to convey the idea that it is incapable of improvement. On the contrary, it has one great objection, which, unless thoroughly obviated, makes it ruinous to health and comfort. We refer to the admission of sewer emanations into dwellings through the waste-pipes.

In our investigations we have found that thorough trapping is insufficient, for, with the almost universal arrangement of the general soil pipe, terminating in the upper, or next to the upper story of the house, all the traps are liable to be siphoned of their water, followed by an in-rushing of the foul sewer gases.

The intelligent reader is reminded that "the sewerage of large towns and cities consists of refuse animal matter, of the excrementitial discharges of the human population and myriads of the lower animals; of the blood and animal fluids from slaughter-houses, abattoirs, and tan-pits; of the foul and contaminated waters from gas works, factories, and

* Extract from a paper read before the County Medical Society of New York, May 12, 1875.

other establishments; and of refuse vegetable matters from public markets and other places, in a state of decomposition."* If any proofs of the deadly effects of the gases arising from the decay of all these hygienic monstrosities were needed we have them in abundance.

An intelligent plumber related to the writer the following, among many similar cases, illustrating this point: A house in Twenty-sixth street, near the central avenues of New York, required repairs to its main waste pipe in the cellar. Several workmen undertook and abandoned the job in consequence of the intolerable sickening stench, pouring up from the pipe they were repairing and filling the cellar. Finding the men would not, or could not, endure this foul air, the employer stopped up the pipe, threw chloride of lime and other disinfectants into the cellar, allowing them to remain for a couple of hours. He then unstopped the pipe and proceeded rapidly with the work himself, but came out of the cellar exhausted and sick. In two or three days these symptoms were reinforced by chills and fever of the intermittent type. Later on the fever assumed the typhoid form, and was so malignant and obstinate that he did not recover from it for six long months.

One other out of numerous ones that came under the observation of an intelligent scientific architect of this city: A fine mansion, located in Park Avenue, had been abandoned by successive occupants in consequence of a mysterious disease that no physician seemed able to classify or cure, seizing upon different members of the family, but notably those much in the lower part of the house. Sometimes a trace of an odor could be detected by acute olfactories, at other times not. Architect and plumber, under the direction of the physician, instituted at length a thorough examination, but at first, without result. The whole house was thoroughly trapped, a pipe for preventing syphoning was extended to the roof of the house, and the plumbing was pronounced perfect in every respect.

They now re-examined the cellar-floor with a strong light, and finally discovered marks at certain regular intervals as of moisture, on the cement floor of the cellar, directly over the waste-pipe, on its way to the street sewer. A mason was called, and on removing the thin layer of cement, it was discovered that the dishonest contractor had constructed this drain for the house out of damaged and condemned pipe, which, instead of entering one piece into the next below it, and then being securely cemented, had been placed simply *end* to *end*, and an imperfect attempt at closing the crack all round had been substituted, using for the purpose, a thin layer of cement. The murderous villainy of such a death-trap affords several lessons.

First, that a rich contractor, from wicked avarice, or culpable ignorance, or innate rascality, or all together, will endanger the lives of innocent, confiding people, who are induced to subject themselves to the deadly poison of the trap he has so adroitly concealed; Second, that the necessity for an Inspector of house-drainage in the construction of new buildings—the plan lately broached by our wide-awake, intelligent, and conscientious Board of Health—is absolutely imperative; Third, that the deadly poison of sewer gases is not always borne on the wings of the *friendly, warning stench*, but, like the case of this Park Avenue mansion, and the notorious hotel in Washington, at the time of Buchanan's inauguration, it steals upon its victim, like a deadly assassin, killing him in the dark, raising no warning, leaving no trace!

How, then, shall house-sewerage be effected, and sewer poisons be prevented? Obviously, a thorough and universal system of trapping is absolutely necessary, but this is not all. The possibility of the emptying of these traps by siphoning must be obviated. These traps, each and every one, must be kept well filled with water, which should be frequently renewed by the ordinary use of them or on purpose.

To prevent siphoning, the main* soil-pipe should be continued to the roof of the house, and to the top of the range chimney, whose fire and current of rising hot air are constant the year round. The pipe bent over this current of heated air, will thus be rapidly exhausted of its contained foul air, much on the principle of the steam atomizer, or the ordinary ladies' perfumery atomizer. The foul air subjected first to the purifying influence of heat, is then carried high up in its ascending current to the arms of the hurrying winds, where, on the principle of the diffusion of gases, it is rapidly purified. The open pipe removes one of the conditions which makes siphoning possible, and by its rapid change of air through the influence of heat, so ventilates the street-sewer itself, as to make the current of air flow from the street *into* the sewer-openings, thus actually removing the sewer smells from the street, and bad emanations measurably from the street itself.

This latter object, of course, will only be accomplished when the mode of ventilation suggested above, is quite generally adopted.

* Hygiene by Dr. Pickford.

* When this paper was discussed before the N. Y. County Hom. Medical Society, one member made the statement that: "Houses were now constructed with a large trap in the *waste-pipe*, below all the lateral traps in the house, and that where there is a trap of this kind, it is impossible to siphon it, and moreover, this trap would be an obstacle to sewer ventilation, proposed by my plan in this paper."

Upon diligent inquiry, I have found that probably not more than one in a thousand houses of this city have such traps in the main waste-pipe. Moreover, it is not only possible, but probable, that this trap will be frequently siphoned, if the pipe is not continuous and open at the top of the house. It is simply another one of these imperfect guards all of which may fail, while, if the infallible mode of ventilation here suggested, be adopted, it is an absolute detriment. The expense of this large trap, moreover, is probably much more than this simple device for a ventilator, which, if put into use by *every house in a block*, will not only suck out and purify the foul air of the waste-pipe and sewer, but measurably, of the street also. This plan is very respectfully submitted to our enterprising Board of Health for trial on a large scale.

A. P. T.

Clinic.

ELEPHANTIASIS ARABUM OF THE RIGHT LABIUM PUDENDI—A FOOT IN LENGTH AND TWENTY INCHES IN CIRCUMFERENCE.

BY WM. TOD HELMUTH, M. D.

THE case which I am about to report is one which I am persuaded is not often encountered by the surgeon. It is, strictly speaking, an elephantiasis arabum of the right labium externum. I append the word *arabum*, not only because it is the term employed in the new nomenclature of the Royal College of Physicians and Surgeons, but in order to distinguish it from the elephantiasis graecenim or leprosy—known in India by the name of jazam or juzam, a very different affection.

The disease under consideration is classed by most authors, as Tilbury Fox, Rayer, and others, as one of the hypertrophies of the same genus as icthyosis, neloid, and fibrima, and by Paget as *cutaneous outgrowths*, which appears but another name for the same pathological state. He says, "The best examples of *cutaneous outgrowths*, of which, as I have said, a second division of the fibro-cellular outgrowths is composed, are those which occur in the scrotum, prepuce, labia, clitoris and its prepuce, and, not unfrequently, in the lower limb. These, which reach their maximum of growth in the huge *elephantiasis scroti*, of tropical countries, consist mainly of overgrown fibro-cellular tissue, which, mingled with elastic tissue and more or less fat, imitate, in general structure, the outer, compact layer of the cutis. Their tissue is always closely woven and very tough and elastic; in some cases it is compressible and succulent, and it yields on section a large quantity of serous looking fluid." He speaks also of the great enlargement of the veins, which he noticed in a specimen under examination. I have given this brief quotation from Paget, because it covers exactly the appearances of the tumor, after its removal, which was accomplished only after a prolonged and *very* bloody operation. The specimen is a beautiful example of hypertrophy of the derma, with the pouring out of a homogeneous serum or blastema, in some parts so profuse, that when, before the operation, the needle of an aspirator was thrust into the tumor, about a tablespoonful of a clear, limpid fluid was drawn into the receiver.

It is said that inflammation of the lymphatics constitutes the first stage in this affection. These, therefore, being arrested in their function, the lymph remains to be appropriated to the tissues, thus rendering them hypertrophic. Another of the chief peculiarities in these cases is the enlargement of all the veins and the extremely patulous condition of their mouths, together with an enlargement of both arterial and venous capillaries. The bleeding is always most profuse and often dangerous when these tumors are removed after they have attained any magnitude, and no one can read over Allan Welb's description of the amputation of the scrotum for elephantiasis arabum without seeing at once the great danger to be apprehended from hemorrhage.

Cases of elephantiasis scroti, and of "tropical big leg" or "Barbadoes leg," are frequently encountered, and scattered throughout the medical journals can be found the records of numerous cases. But although in many works the fact is mentioned that this form of hypertrophy can and does affect the labia, so far as I have been able to examine the varied books I have in my possession, I can find but very meager records of such an affection.

Thomas, in his *Diseases of Woman*, merely says, "Elephantiasis of the labia differs in nothing from that of other parts. The affection is very rare. Kiwisch records one case, in which both labia increased in size to equal the head of a man, and to fall nearly to the knees. The parts affected by it are the labia majora and minora and the clitoris."* I find also a case reported in an old number of *Rankin*, by Dr. O. Ferrall, to the Dublin Pathological Society, in which a species of cellular pendulous tumor, *seven* inches in circumference, was removed from the left labium. The hemorrhage was profuse. Dr. Eve, in his *Remarkable Cases in Surgery*, records a case of "excision of the external labia pudendi for sarcoma." This, no doubt, was a case similar to those now known as elephantiasis; indeed, in some instances the disease has been called, especially by Mr. Abernethy, "vascular sarcoma." After relating the history of the patient, the surgeon (Simeon Bullen, Esq., of London) thus writes: "On removing the left labium, the discharge of blood was so rapid and profuse, and

* At the college clinic, in 1874, I removed an hypertrophied clitoris, measuring in length five and a half inches, and in breadth nearly three inches. The operation was performed with the ecraseur of Chassaignac.

the vessels so numerous, that before I could succeed in securing them fainting had taken place, and the effect on the system was so alarming that I was obliged to postpone for many days the operation for removing the other, which was attended with similar loss of blood. The substance of each tumor was composed of adipose and fleshy tissue, numerously supplied with blood-vessels."

Many of the works on Surgery do not mention this variety of hypertrophy as affecting the vulva, although they give descriptions of the disease as found in the leg and scrotum. Velpeau records the case of a girl, whose left labium was affected with an enlargement (hypertrophia). Bryant merely alludes to the fact of a case coming under his observation, and Holmes gives about a page to the considerat on of the disorder. I mean as affecting the parts in question, for he has further on in the same volume an extended article on the subject of elephantiasis arabum, in the which is given a table of one hundred cases, in which not one is recorded as affecting the labia. The majority of surgical writers do not mention the affection at all. With these imperfect remarks, I will proceed to a brief record of the case. On February 7th, 1875, the patient, Mrs. X., was sent to the hospital by Dr. Wetmore for operation. Continuous with the right labium, there appeared a huge, fleshy mass, dark in color, sparsely covered with hair, rugous on the surface, with here and there a deep fissure. From the elastic nature of the tissues, and the infiltration of serum in some parts, there appeared to be distinct fluctuation, which, indeed, I have even known in certain varieties of fatty outgrowths. The doctor explored the tumor with a trocar, passing the instrument into the growth "up to the handle;" a profuse stream of blood flowed through the canula. This operation was repeated a second time with like result. When she came into the hospital, aspiration was resorted to, and, as has been before remarked, about a tablespoonful of serum was withdrawn. A second puncture yielded no result. This serum, as I discovered afterward, found its bed between the meshes of the tissue, for the tumor was solid throughout, but when cut into, quite an amount of serum would immediately trickle away, though there was, apparently, no break in the substance of the tumor. Upon careful measurement, the growth was found to be twelve inches in length, and over twenty inches in circumference—globular in shape—and almost painless when handled.

The patient had been unable to move about for a long period, nor could she retain her urine, the weight of the mass keeping the meatus continually open.

After due consultation, it was deemed advisable to attempt the removal of the mass—the best method of so doing was a question. To apply properly Esmench's bandage to a globular tumor, is no easy matter; and as it is necessary in using the elastic, to have each turn properly overlap the other, to drive *all the* blood back, I relinquished the idea, fearing the bandage might slip at a critical moment.

I did not think the ecraseur safe, where such profuse hemorrhage was to be apprehended; and although the heated wire presented some points for consideration, I finally adopted, as a preventive, Erichsen's double thread, as used for nævus. This was applied as follows: Taking a stout needle, it was threaded with a strong hempen cord, about four feet in length; one-half of this cord was blackened and allowed to dry; then, having raised the tumor, the needle was passed upward through the pedicle (which was over six inches in length), and brought out on the upper side, and the thread drawn almost through. The needle was then turned, entered on the upper side about half an inch from its place of exit, and drawn through on the lower side of the tumor, leaving a loop. So this method of stitching was continued, until the whole pedicle was traversed. The pedicle, as I term it, was nothing more than the margin of the labium. The white loops were all cut at the top, and the black ones at the bottom; the white ends of the thread tied tightly together above, and the black ones below. Not satisfied with this, and for a more thorough protection against sudden and exhaustive hemorrhage, a second row of similar stitching was placed half an inch lower down. Having now the tumor held up, in order to take off all strain on the threads, with a very large scalpel, I rapidly severed the growth. The bleeding, as the knife went through, and for a moment after, was terrific; the blood shot up in a stream which caused an exclamation from the by-standers. A good deal of this, however, was venous, and had been held in the tumor by the superimposed ligatures. After this a steady flow with jets and spurts kept up. Thirty-two vessels were ligated, and Dr. Burdick (who is a remarkable bandager), after having covered the wound with styptic cotton, and placed over this a wad of tenax, firmly applied a T bandage, and the patient was put to bed. The next morning she had scarcely

begun to rally from the terrible shock of the operation, when, upon examination, I found she was bleeding again. The blood had soaked through the bandages and into the bed. All the dressings were removed, and eleven more ligatures applied. This effectually checked the hemorrhage, and from it there was no further trouble. The patient re-acted very slowly, indeed, had constant nausea for several days, and could retain nothing on her stomach. Nutritive enemas were given her, but she finally sank and died on the 23d day of February. Dr. Wetmore, Dr. Thompson, Dr. Burdick, and Dr. Cranch, rendered most effectual assistance during the operation.

ERRORS IN DIAGNOSIS.

BY EGBERT GUERNSEY, M. D.

In the April Times, Dr. Gilbert narrates a very interesting case of mistaken diagnosis, where a lady for six months was under continued treatment for syphilis, with mercury and iodide of potash; sequel proved the case to have been in the commencement nothing more than an ordinary sore throat. The treatment had induced a drug disease so closely resembling syphilis that it could only be differentiated from it by the general history and progress of the case.

Quite recently a case came under my care in which there was a similar error of diagnosis, made by a teacher in one of the prominent city medical colleges, but this time the sufferer was a little child, and the agonized father was made to believe that the taint which was poisoning its young life was the result of his own sin which occurred twelve years ago. The father informed me in narrating the case, that the child was three months old, and had already consumed fifty dollars worth of drugs, and was all the time getting worse. I found the child not by any means emaciated, with no signs of marasmus, but with decided snuffles and an erythematous patch about the nose, over the eyes, and around the mouth. On asking for the medicine it had been taking, I was handed twenty-four powders; a new batch had just been sent in, of *hydrarg. cum creta.* All right, I said, now give us the iodide of potash. The father handed me an eight-ounce bottle of what he said he knew was a solution of iodide of potash, because he had taken a stronger preparation himself of the same drug, and it had brought on a violent coryza, and a severe erysipelas, covering the entire face.

I asked the father to call at my office and then questioned him. He said the doctor told him the child was syphilitic, and that he must kill the poison with *mercury* and *iodide of potash.* The only time the father ever had the disease, was twelve years ago. The attack was slight, yielded promptly to treatment, and there had been no further symptoms of it since, except within the past few months rheumatic pains in the arms. This to the doctor was proof positive of syphilis, and the potash was given in massive doses, with the result already narrated.

It was very evident the treatment thus far had been productive of positive harm; might we not, then, from this fact alone, if from no other, doubt the truth of the doctor's diagnosis? If the child was suffering from syphilitic taint to such an extent as to produce this eruption upon the face, and the "snuffles," which were so severe as to interfere with sleep, should we not expect to find other characteristic symptoms, such as a dirty and muddy skin, a harsh and cracked cry, and the general shriveled condition, like that of an old man, which we so often get in syphilitic marasmus? All these were wanting, and after a careful examination the preponderance of evidence showed there had been an error of diagnosis and consequent drug poisoning, but no syphilitic taint. In the course of two weeks, under the influence of Hepar, the child was as bright and happy as could be desired. The "syphilitic rheumatism" of the father disappeared after a few doses of colchicum. The favorite adage of the immortal Dave Crockett should be inscribed in letters of gold in every physician's office, "Be sure you are right, and then go ahead." Errors of diagnosis and consequent errors in treatment, not unfrequently change a simple malady, easily amenable to treatment, into an incurable disease, ending in death. While all are liable to error, fewer mistakes could be made if nothing were taken for granted, but everything subjected to the most rigid scientific investigation.

CLINICAL CASES.

F. H. BOYNTON, M.D., NEW YORK.

In *Hull's Jahr*, under Sabina, I find the following symptoms: "Leucorrhœa, with itching of the pudendum." "Milky leucorrhœa, occasioning an itching."

In *Burt's Characteristics*, a clinical note from Guernsey, "Leucorrhœa, after suppression of the menses, inclining to be corrosive, with itching of the vulva."

Having, on several occasions, verified the above symptoms, I wish to add my testimony to that already collected on this subject.

CASE I.—July, 1873. Mrs. ——, widow, aged fifty-four, bilious temperament, no children, had passed the menopause nine years ago, since which time has been troubled with an offensive milky leucorrhœa, accompanied by an intense itching of the vulva, extending upon the mons, aggravated at night, with sexual desire amounting almost to nymphomania.

Prescribed sabina 200th. One dose each night. Reported again in one week. Said she had not been so comfortable in years. Repeated medicine. She continued to improve, and at the end of three weeks from first call was completely relieved of this most distressing condition.

CASE II.—Nov., 1873. Miss G——, aged twenty-one, nervous temperament. Has complained for two months of a thin, acrid leucorrhœa, parts excoriated. Was obliged to wear folded linen between the labia to get any degree of comfort. This condition was accompanied by an aggravated pruritus, extending from above the mons over the whole perineum. There was also genuine nymphomania. Prescribed sabina, according to the following formula :

R. Tr. sabina gtt. x. Aquæ communis, f. ʒ iv. S. ext. use.

This treatment was continued a few weeks with perfect relief.

CASE III.—Sept., 1874. Mrs. M——, aged twenty-eight, phlegmatic temperament ; since marriage, ten years ago, has been troubled with a thin, milky leucorrhœa, for which she has been almost constantly under treatment, with no benefit whatever. Within the last year new complications have presented themselves—*i. e.*, vaginismus and pruritus ; the latter of which she described as almost unbearable. Menses very irregular, diminished in quantity, and bright red. Prescribed local application as above, and sabina 30. At the expiration of three months I had the satisfaction of pronouncing the case completely cured.

CASE IV.—Jan., 1874. Mrs. A——, colored, aged thirty-two, one year has had a brownish leucorrhœa, compared to "coffee grounds," offensive and accompanied by itching of vulva. Prescribed tr. sabina, locally, as with the others, which relieved the itching but not the discharge, which was finally accomplished by nit. ac. internally.

CASE V.—January, 1875. Mrs. C——, aged twenty-four, nervous temperament, for one month has had a thin, acrid leucorrhœa, with intense itching ; there was also irritation of the urethra, as was evident from the smarting and burning during micturition. Prescribed *Tr. sabina*, topically, as above, and *sabina 30th* internally. Itching was effectually relieved in one day ; leucorrhœa and urethral irritation in one week. She has not had a recurrence of the affection.

CASE VI.—March, 1875. Mrs. N——, aged thirty, nervous temperament ; has been married eleven years, no children, subject to frequent uterine hemorrhages, very anæmic, dyspeptic, constipation, and severe periodical headaches. For one month thin, acrid leucorrhœa with itching. For general condition prescribed *sabina* 30 ; under which remedy, within six hours, a frightful uterine hemorrhage occurred, which lasted several days, defying all remedial agents, until I administered gallic acid. For the pruritus I applied *Tr. sabina* lotion, with good results. Since which time she has been gradually improving.

I have cited the above cases, not as rare affections, but to illustrate the almost specific action of sabina upon this common and most distressing accompaniment of vaginal discharges—*i. e.*, pruritus. That the drug is homœopathic to the condition, I think, is fully proven by the various methods of administration. I have found the results the same, whether applied locally or given by the mouth, in whatever potency.

I have neglected to give the results of vaginal examinations separately, which were made in every case. I found in all a chronic cervical endometritis, in some hypertrophy, and slight ulcerations of cervix. In one hypertrophy of body as well as cervix.

THE Canada *Lancet* calls attention to the fact that in 1874 the whole number of physicians who received licenses to practice medicine, in the various medical colleges of Germany, was six hundred and sixty ; whereas, in the United States, with a somewhat smaller population, three thousand practitioners were licensed during the year !

SOME "Anti-Vaccination" delegates recently waited upon a candidate for the House of Commons, and asked him whether, if they voted for him, he would support the repeal of the Compulsory Vaccination Act. His answer was: "If you will only vote for me to-morrow, you may all get the small-pox next day if you like," which was not considered perfectly satisfactory.

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"*A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and* OUGHT *to be the* ONLY ACKNOWLEDGED RIGHT *of an individual to the exercise and honors of his profession.*"—Code of Medical Ethics, Amer. Med. Ass., Art. iv., Sec. 1.

NO MORE ALLOPATHISTS.

ANTIPATH IS THE NAME.

An editorial appeared in a recent number of a cotemporary medical journal of this city, the perusal of which may give the writer less satisfaction ten years hence than it does now.

There are several points which he must know to be misstatements, and which might be injurious if his weapons had sufficient force and proper direction to reach the object of their aim.

The targets need not drop, or even dodge, for the missile will never reach far beyond the goose-quill which penned it.

He says that "It is not claimed that a homœopathic or botanic physician is by his vocation debarred from such a board." (State Board of Health.)

The writer knows perfectly well that no board of any kind, governed by allopathists, would admit a practitioner of homœopathy; sooner would the Jews have elected one of the Apostles as their king. There is no instance where an allopathic body has shown any degree of justice to homœopathists, except when coerced by law.

Again, he says: "The homœopathists claimed that they are very particular to have no one practice without a diploma. How little this means we all are aware, because we know how much a diploma from some colleges is worth."

In reply, a great majority of the homœopathic practitioners are graduates from the allopathic colleges highest in repute.

It is very possible that these diplomas are overestimated by their possessors, and that they are as worthless as our allopathic brother intimates. We hope not; nevertheless, we will not contest the matter with him.

A little further on the writer says: "The attempt to designate the regulars also as allopaths is a failure, they claim to be antipaths."

Strange what an aptitude the homœopathists have for affixing names to things.

They have stigmatized the "old regulars" with the name of allopath; the whole world has accepted it and seems to remain in the blackness of ignorance that their real name is antipath.

Even the "regulars" themselves are just beginning to lisp their own true baptismal name!

So then, all you irregulars, attention! and no longer insult this "regular" geological formation with the term allopath; its name is now and evermore antipath.

Antipath beams graciously upon us when he admits that "homœopaths and eclectics, of course, secure some practice, and now and then one of them rides into style and wealth."

But then, in the same sentence, how we are reduced into nothingness by this antipath Jove in the information which he gives us, that "yet there is (with us) a want felt of general respectability and recognition."

Poor us!

In the course of ages the great law of evolution may give birth to some new words for the human tongue, by which can, faintly at least, be depicted our degradations and woes; so far, the symbols of human thought fail.

We may be alumni of Harvard or Yale, then of the Jefferson or the New York University, or the Physicians' and Surgeons' Medical Colleges; we may be trusted and honored by the best and wisest of our day, yet our abjectness cannot be

described, for we trudge not under the piece-quilted bunting which alone flutters over all the nobility made by the Creator, the awful name of which is now discovered, and is Antipath.

IS ALCOHOL FOOD?

In the somewhat earnest discussion which has grown up within the last few years upon this subject, many important facts have been brought out respecting the action of alcohol upon the muscular and nervous tissues. Dr. Richardson, in a recent lecture before the Society of Arts, while he admits the validity of the statement of the late Dr. Anstie, that alcohol is chemically changed within the organism, and therefore is not simply disposed of, as was previously argued, by direct elimination, denies that it can, in any sense, be considered a food, and deems the evidence conclusive that it is not a builder of any tissue whatever. From careful experimental observation, he insists that the general effect of alcohol is to reduce the animal heat, and, therefore, it cannot, by oxidation, be consumed like a heat-giving food. In every stage of alcoholism, save the first, where there is a slight increase of temperature, there is a reduction of animal heat. In the first stage, the slight elevation of temperature, he holds, is due, not to a greater combustion, but to a more rapid radiation of heat.

Both cold and alcohol paralyze the vessels of the minute circulation, and the action of both is to produce sleep. Two warm-blooded animals placed side by side in a greatly reduced atmosphere, one charged with alcohol, and the other entirely free of that agent, both sleep; but the alcoholic sleeps to die, while the other simply sleeps more deeply than is natural, and lives until the life-giving food with which it is stored is exhausted. From the immense array of facts which he brings to bear upon the subject, he concludes that the alcohol is not burned like food which supports animal combustion, but is decomposed into secondary products by oxidation, using up in the process a portion of the oxygen which should be applied to the natural heating of the body. By another series of experiments it is shown that just as the animal heat is reduced, so is the excitability of muscles, until at last, as we reach the point of narcotism, the muscular power is completely prostrated.

We are glad to see these carefully-conducted physiological experiments of one of the most potent drugs in our materia medica, which, in judicious hands, has done much good, but which has been fearfully abused, and sent more to their long home than it has ever saved. The proving of this drug is simply carrying out the law for which Hahnemann contended in the proving of all drugs; and its remedial action, it seems to us, is purely homœopathic, first acting as a direct stimulant, and, second, reducing the heart's action. Hence, in cases of great nervous prostration, where the heart has almost ceased to beat, we seek its stimulating action, while in cases of nervous excitement we seek to reduce the action of the heart, and thereby control the wild beating of the pulse and the strong excitement of the nervous system. In both cases it should be given with the utmost care, and the results carefully watched, lest, in pushing it too far, we paralyze the system beyond its power of rallying. The small amount of alcohol which the light wines contain, used in moderation, serves as a gentle stimulant to the absorbents to take up and carry into the system those elements of combustion needed for the support of life; but everything containing alcohol should be used with moderation, especially in the sick-room.

CURIOSITIES OF JOURNALISM.

Occasionally we find on our editorial table choice specimens of literature, characterized by great breadth of thought, and full of such profound and practical wisdom—although not intended for publication, but solely as advice and counsel to ourselves—we cannot refrain from giving our readers a slight taste of some of the good things provided for us. The following letter from the secretary of a homœopathic medical society,

near Philadelphia, deserves a better setting than the waste-basket, and we therefore enshrine it in the TIMES.

GERMANTOWN, PHILA., May 2, 1875.

EDITORS OF "HOM. TIMES":

I received and read your late number of the "Times," which contains much interesting information, but cannot subscribe for a Hom. Journal that has six advertisements out of sixteen eulogizing preparations of druggists and patent medicine venders, especially when one of the most flagrant is upon the very face of the journal.

If you have not enough *patronage* among the Hom. physicians of as wealthy a city as New York to sustain you, without courting *that* of our very worst opponents, come over to Phila., and we will show you two journals in *our* profession, neither of which have any such nostrums as you indorse upon their pages. A layman, on looking at your title-page, would justifiably ask: Is Homœopathy synonymous with quackery?

When you can publish a journal free from the advertisements of druggists and quacks, I will subscribe for it, and not before.

Very respectfully, M. M. WALKER.

I return the copy sent me.

Six advertisements out of sixteen from allopathic druggists. But then, what can be expected from a journal published so far away from Philadelphia and Germantown? It is true the preparations advertised by those druggists are those choice chemical combinations, many of them blood and brain food, some of which are given by men of all schools, and by none more than our own. They are no more allopathic than air and water, and the mineral waters, which bubble up from the earth, prepared in the great laboratory of Nature. It is too bad to place us in this dilemma. We must either exclude these advertisements—Pond's extract, and all—or bid adieu to the Secretary of the Pennsylvania Medical Society. On the one side the advertisements; on the other, banishment from the distinguished Secretary, with his broad, liberal, and catholic spirit. It is sad; but we must face the music; and, with our eyes wet with tears, and our voice trembling with emotion, we say to the distinguished Secretary: "*Vale! vale! longum vale!*"

Medical Annotations.

Salicylic Acid.—This substance, which is attracting so much attention at the present time, has been made the subject of an Essay by Dr. Edward R. Squibb of Brooklyn, and from which we have obtained the following: "Salicin is a glucoside, or neutral vegetable principle, discovered by Leroux in 1830, in the bark of some species of willow, Salix, whence its name. Early in its history the acid was prepared from the flowers of Spiræa ulmaria; and later our oil of wintergreen, Gaultheria procumbens, was shown to be a salicylous ether.

"The physiological and pathological effects of salicin, though imperfectly investigated, seem to have gradually and slowly directed attention to those of its derivatives, and occasional paragraphs have appeared in current literature, from time to time, upon salicylic acid, for some years past. But it is only within a year or two that writers have alluded to its peculiar and powerful effects as an antiferment and antiseptic. These properties becoming known, a demand for the substance was created, which induced the German chemists, Kolbe and Lautemann, to seek for an organic compound which, from its elementary composition, might be split, or dissociated into the desired new compound, salicylic acid. This substance, whose molecule might be broken up, they found in Phenol, or the so-called Carbolic Acid, and it is a very curious circumstance that a substance of well and long established character as an antiferment, should have offered to these chemists a molecular constitution so well adapted to be broken up into a still more powerful antiferment; for there is no relation whatever, either in composition, or chemical or physical properties, between carbolic acid and salicylic acid, except in their effects as antiferments, and the two may, so far as present knowledge extends, accomplish their effects by similar, or by altogether different reactions. The substance which the German chemists selected to resolve the molecule of Phenol into other molecules, one of which should be salicylic acid, was dry carbonic acid. The process is as follows: Phenol is combined with an alkali metal such as sodium or potassium, into which is conducted dry carbonic acid, at a temperature of 170° C. There is formed a salicylate of soda, which, decomposed by hydrochloric acid, precipitates the salicylic acid, in the form of small crystals. This is the best dis-

infectant known. It is without odor, tasteless, not poisonous, and even in small quantities absolutely preventing putrefaction. Meat immersed in a solution of salicylic acid in an open vessel, remained perfectly sweet for weeks. Fruits do not become mouldy, and it prevents milk from coagulating. For the still more important purposes of surgical dressing, Professor Thiersch and Dr. Fehling, who have used it somewhat extensively, report that it arrests the smell of putrefaction without producing any appreciable inflammation ; and that a solution of one part of salicylic acid, three of phosphate of soda, and fifty of water, will promote the growth of skin over granulating surfaces. In surgical operations, a spray of acid and water, in the proportion of one to three hundred, has been used, and the wound dressed with wadding soaked in the solution.

"In the Lying-in Hospital at Leipsic salicylic acid has been used since July last, instead of carbolic, in vaginal diseases and in dressing puerperal ulcers, in solution of one part in three hundred, or one part in nine hundred, or as a powder mixed with starch in the proportion of one to five. As the acid is soluble in fatty oils, it can be used like carbolic for Lister's dressings. Its use internally has been suggested for those diseases which are contracted from contagion."

In Bellevue Hospital this agent serves a much better purpose than carbolic acid. Lint-dressing is saturated in a solution, and applied directly to sinuses and fistulæ, and by means of syringe or irrigator to granulating surfaces.

"THE BRAIN NOT THE SOLE ORGAN OF THE MIND."

Dr. William A. Hammond recently delivered an inaugural address on the above subject, on assuming for the second time the office of President of the Neurological Society.

He said it appeared necessary, in the first place, to express as nearly as possible his ideas relative to the connection between the mind and the nervous system, and of the nature of that power which, in its full development, places man at the head of all other animals. That the mind is dependent on the nervous system for its normal manifestations was accepted as a fact. The division of the nervous system into two essentially different tissues, the gray matter, as composed of cells, and the generator of nerve force, and the white matter as consisting of fibres, and the medium by which the force is transmitted, was referred to. Comparisons between the weight of the average American brain, and the weight of the brain in reptiles, birds, and mammals, exhibited conclusively the fact that there is no definite relation between the intelligence of animals and the absolute or relative size of the brain. Man, who certainly stands at the head of the class of mammals, and of all other animals, so far as mind is concerned, rarely has a brain more than one-fiftieth part of the weight of the body ; a proportion which is much greater in several other mammals, and is even exceeded by many of the smaller birds. But it is to the absolute quantity of gray nerve tissue, the part which originates mind, that man owes his superiority over all other living beings. By the term mind, the speaker said he understood a force developed by nervous action. All the manifestations of which the mind is capable are embraced in four groups—perception, the intellect, the emotions, and the will. Perception is the primary manifestation of mind, and is that the office of which is to place the individual in relation with external objects. It is rarely the case that an individual perceives an impression made upon any of the organs of the senses without a mental operation being performed. The reflex involuntary movements, when a part is subject to irritation, give evidence of this higher cerebration.

When movements apparently reflex were repeated, or performed with a definite purpose, the speaker said he could not but conclude that such actions were based upon perception, and done through the force of volition. Several interesting experiments upon animals, after removal of the brain, were detailed to show that the spinal cord possesses the power of perception and of volition. As examples, the withdrawal of the frog's foot on pinching the web ; also, if the shoulder be scratched with a needle, the hind foot of the same side is raised to remove the instrument ; if unsuccessful, it places the other foot against the instrument, and pushes firmly, in the effort to remove it. When we come to man, and observe the experiments which are constantly being made for us both in health and disease, we cannot avoid placing the spinal cord much higher as a nervous center than it is usually placed by physiologists. In monsters born without brain, we have interesting examples of the fact that the spinal cord is possessed of perception and volitional power.

Dr. Hammond said he did not contend that the spinal cord is, to say nothing of the sympathetic

system, as important a center of mental influence as is the brain. The latter organ predominates; the very highest attributes of the mind come from it; and the cord is subordinate when the brain is capable of acting.

But it seemed, he said, illogical to deny mental powers to the spinal cord after a consideration of such experiments as have been brought forward; and hence he felt justified in concluding:

I. That of the mental faculties, perception and volition are seated in the spinal cord as well as in the central ganglia.

II. That the cord is not probably capable of originating mental influence independently of sensorial impressions, a condition of the brain also, till it has accumulated through the operation of the senses.

III. That, as memory is not an attribute of the mental influence exerted by the spinal cord, it requires, unlike the brain, a new impression, in order that mental force may be produced.

Duplex Vagina as an Impediment to labor.—Prof. Aloix in *Memorabilien*, August, 1874, reports the case of a primipara, twenty-six years old, in whom the following condition was discovered only after the cervix had been dilated half an inch by the advancing head:

On examination with the finger introduced along the left wall of the vagina, the whole cervix could be felt, while when it was introduced along the right wall, it was hardly possible to touch the uterine orifice. Closer examination of the genitals revealed a double vagina. An exceedingly vascular vertical ridge, four lines in thickness, extended from behind the urethral opening up to the cervix, and terminated in a crescentic margin where the two vaginæ communicated. The septum offered a direct impediment to the progress of the labor, and, when the outer walls of the vagina were held apart by retractors, the head could be observed pressing against the sickle-shaped sharp margin of the septum. An operation was performed when the os had dilated to three inches. The septum was divided by blunt-pointed scissors, the incision being rather toward the rectal wall; only one ligature was applied to the posterior stump, as the advancing head acted as a tampon. To prevent gangrene, the ligature was removed on the third day, and everything was healed on the fifteenth day. No elevation could be detected on the anterior wall; on the posterior wall there remained a ridge of three lines in height. No abnormality of the uterus could be discovered.—*New York Medical Journal*, May, 1875.

Book Reviews.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK. 1873–4. Eleventh Annual Report. (Vol. I., New Series.) F. L. Vincent, M. D., Secretary.

The volume before us possesses unusual merit, and reflects great credit upon the untiring Secretary. We have given its pages a careful perusal, and have been deeply interested in many of the original articles and clinical reports. It also contains the usual amount of information in relation to county societies and local institutions. The typographical appearance, we think, surpasses that of any previous number.

In noticing the report of the Secretary, as embodied in this work, we deem it a fitting occasion to say a word to the profession in our own city and throughout the State, bearing upon their relations to the State Society and its published records. It will be admitted by all that one of the most effectual methods of promoting harmony and unanimity of action in our school is by the enthusiastic support of the representative organs and institutions. Our State Society has this paramount claim upon us at the present time. It is the medium through which we approach the heads of government, and by the power of which we defend our rights; its interests should be zealously studied; the preservation of its proceedings and their general perusal should be cultivated. As the present edition is the first since the withdrawal of legislative aid, we should be particularly prompt in coming forward to its support. When we say that in a State where there are nearly eight hundred practitioners in our own ranks, less than two hundred and fifty volumes have been purchased, and these, by only ninety-five physicians, the fact speaks sadly for our want of zeal and negligence of duty. The work before us is in every respect creditable, and the secretary should receive encouragement by the speedy disappearance of every volume he has on sale.

A SERIES OF AMERICAN CLINICAL LECTURES. By recognized Medical Instructors. E. C. Seguin, M. D., Editor. New York: G. P. Putnam's Sons. 1875.

These lectures present to the profession, in an unusually neat and handsome manner, not only the personal views of the lecturers upon the subjects treated of, but also the latest pathological opinions connected with these topics. We have, at the present time, received No. I., *On Disease of the Hip*

Joint, by Lewis A. Sayre, M. D. ; No. II., by Austin Flint, M. D., on *Pneumo-Thorax*, and No. III., on *Acute Rheumatism in Infancy and Childhood*, by A. Jacobi, M. D. Others are promised, and will be speedily forthcoming. The real merit which all the above publications possess, combined with their cheapness of price, should place them in the hands of every physician.

CYCLOPEDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. Von Ziemssen, Professor of Clinical Medicine in Munich, Bavaria. New York : W. Wood & Co. 1875.

The first and second volumes of this elaborate work, of which there are to be sixteen in all, are now before the public. The Cyclopedia is translated by a long list of physicians from New York, Boston, and Cincinnati, and their part of the work seems to have been done with unusual care. The typography and general appearance of the volumes show an elegant specimen of book-making, and are all that could be desired. The Cyclopedia will be completed in two years, a volume being issued every two months, with a supplementary volume after the regular work is completed, from time to time, as the changes and advancement of medical science may require.

Dr. Buck, the editor of the American edition, says, in his preface, that physicians of both countries have long felt the need of a work or series of works which should furnish a complete picture of the present state of medical knowledge in the departments of etiology, pathology, and treatment. This want is not supplied by the regular text-books, and the busy practitioner has neither the time or money to bestow upon the scores of monographs which are constantly being published. Hence the value of a series of treatises, such as are contemplated in the Cyclopedia, written by men of recognized eminence in the different departments of medicine, and brought together in one work.

The first volume is devoted to *acute infectious diseases*, and contains articles on Typhoid Fever and the Plague, by Dr. Liebermeister of Tübingen ; on Relapsing Fever, Typhus Fever, and Cholera, by Prof. Lebert of Breslau ; on Yellow Fever, by Dr. Haenisch of Griefswald ; on Dysentery, by Prof. Heubner of Leipzig ; on Epidemic Diphtheria, by Dr. Oertel of Munich.

However minute our German friends may be in their general description of disease, and however careful and accurate they may be in their pathological investigations, yet, in the summing-up of their conclusions, they sometimes seem to us to lack clearness, and to evolve theories which do not flow naturally from the facts presented. In some specialties they undoubtedly excel ; but in the general treatment of disease they seem to us too much inclined to treat it from the standpoint of theory, carefully worked out in the laboratory, and by mathematical rule, and too little to take into consideration the general history and peculiar facts in each individual case. We cheerfully admit, and are duly grateful for, the vast amount of practical and scientific information gathered together by our German friends. In the laboratory, with the microscope, in the patient and careful investigations of pathological changes, they are wonderful ; but in the sick-room, in actual contact with disease, with the exception of a few specialties, it seems to us they are far behind the leading English and American physicians. However much we may appreciate the careful pathological descriptions of our German friends, we should hardly expect in the department of treatment, which all these scientific investigations should make more clear and complete, any very important addition to our knowledge ; and in the careful perusal of the Cyclopedia we must confess, on this point we are not disappointed. The treatment is, in the majority of cases, crude, unsatisfactory, and, in the majority of cases, summarily dismissed as a matter of but little importance. You are reminded more than once of the celebrated pathologist, Rokitansky, of Vienna, who seemed to look forward with more interest to the transference of his patients from the sick-ward to the dead-house—that the truth of his diagnosis might be confirmed by the revelations of the knife and the microscope—than to a cure.

In looking over the articles on typhus, typhoid, and relapsing fevers, we find a vast amount of information ; but the differential diagnosis, especially between typhoid and typhus fevers, seems to us lame and incomplete. In the treatment of typhoid fever, Dr. Liebermeister says that he is confident, from an experience with *quinine* in fifteen hundred cases, in doses which would formerly have been considered dangerous to life, that this drug has no specific influence over typhoid fever, and no power to cut it short at any stage. And the same may be said of the cold-water treatment. At the same time, he says, *quinine*, *digitalis*, and the abstraction of heat by cold baths, are positively indispensable to the effective treatment of fever. He says, of all the remedies with which he is

acquainted, there are but two, whose specific influence over typhoid he would not positively deny, and these are *iodine* and *calomel*. He uses the *iodine* combined with the *iodide of potassium*, in the form of one part of iodine to two parts of iodide of potassium and ten parts of water, and of this from three to four drops in a glass of water every two hours. Sometimes he gives the iodide of potassium in doses of from twenty to sixty grains during the twenty-four hours. Notwithstanding the iodine produced no apparent effect upon the course of the fever, yet the mortality was less than in those cases where it was not used. *Calomel* he gives at first in doses of ten grains, and afterwards of seven and a half grains, so as to administer three or four such doses in twenty-four hours. He gives us statistics of 839 cases. Of 377 cases non-specifically treated, the percentage of mortality was 18.3; of 233 cases treated with calomel, the percentage was 11.7; and of 239 cases treated with iodine, the percentage of mortality was 14.6—making an average mortality, under specific treatment, of 13.2 per cent., against 18.3 per cent. under non-specific. Of the 223 patients treated with calomel, 124 received one or two ten-grain doses apiece. Of these, 14 per cent. died. 89 received three or more ten-grain doses apiece. Of these, 8 per cent. died. Possibly, if this eminently *scientific* treatment should be adopted in this country, there might be a marked rise in the price of calomel, and some little grumbling on the part of the leading life insurance companies, so that, before positively committing ourselves, it will be well for us to look at the author's ideas of *antipyretic* treatment. He includes under this term the *cold-water treatment*, the object of which is the direct cooling of the body by the energetic withdrawal of its heat. For adult patients he recommends the full-length cold bath of 68° Fahrenheit, or even lower. The duration of the bath should be ten minutes. Immediately after the bath, the patient should be wrapped in a dry sheet, put to bed, lightly covered, and given a glass of wine. Ziemssen prefers baths gradually cooled down, of longer duration, beginning with about 95°, and gradually adding cold water until the temperature is reduced to 72° or below. The temperature is taken every two hours, and whenever it reaches 102°, a cold bath is given. In very severe cases it is necessary to repeat the baths every two hours. In some instances a single patient has taken over two hundred baths during his illness. Antipyretic drugs are administered at the same time, as indicated. Statistics are given from the hospital at Basle, which show a mortality of 27 per cent. under indifferent, expectant, or symptomatic treatment; 16 per cent. under incomplete antipyretic treatment; and 8 per cent. under systematic water treatment, aided by antipyretic drugs.

It is difficult to say what would be the success of what seems to us the more enlightened treatment of our school in large hospitals, for, thus far, the large hospitals all over the world have been almost exclusively in the hands of the allopathic school. Notwithstanding the immense resources at their hands—including government aid to an almost unlimited amount, and not unfrequently the arbitrary power they have had in the control of the hospitals—the results have not been what might have been expected from the advancement in other departments of science. Judging of our success in private practice, we should expect a marked diminution of the present rates of mortality in large hospitals, if they were placed in our hands. With the light we now have, we should hardly be inclined to give up our *Baptisia, Gelseminum, Aconite, Belladonna, Bryonia*, and the *mineral acids*, for the more heroic treatment of *Iodine, Calomel, Quinine*, and *Opium*. Though there is much in the application of water to commend itself to the enlightened practitioners, and we strongly advocate the judicious use of baths, more especially the sponge bath, still, we should be very loath to give up the more specific treatment of carefully-selected drugs.

The article on dysentery is admirable, especially that part devoted to pathology. The description of the various forms of *catarrhal dysentery*, and of diphtheritic dysentery (the putrid or gangrenous dysentery of the old writers), is remarkably clear, and presents a well-defined picture of the utmost importance in directing the treatment. The author seems to have no well-defined idea as regards treatment.

We pass now to the article on diphtheria. Prof. Oertel gives a very interesting historical sketch of the disease, in which he says it is the oldest epidemic disease of the human race, being known by Homer and Hippocrates under the name of Malum Ægypticum. It has prevailed as an epidemic under different names in almost every century, and in every nation of the globe. It has only been, however, until within the past few years that its pathology has been carefully studied. Oertel takes the ground that diphtheria begins as a local

disease, and develops afterwards into a general one, the place in which it is first established being the focus of infection, from which it radiates through the body, until, by general blood-poisoning, the organism is rendered incapable of life. The diphtheritic membrane, and the adjacent diseased parts, he says, contain a vast number of minute vegetable organisms, or bacteria, to which he gives the name of micrococci, and to these little organisms he gives the credit of producing diphtheria. Without them, he says, there can be no diphtheria. He considers diphtheria a miasmatic contagious disease, occurring both sporadically and epidemically. He divides the malady into four forms, the *catarrhal*, the *croupous*, the *septic*, and the *gangrenous*. In treatment, he condemns astringent and caustic applications, and relies almost entirely upon the inhalation of hot vapor, by means of which an abundant suppuration and a rapid detachment of the membranes is obtained.

The theory which the author endeavors to establish, and which has been received as gospel in this country by many of our physicians, that diphtheria commences as a purely local trouble, and is due to the presence of bacteria, seems to us, after a careful and dispassionate reading of his article, with no prejudice either for or against, most decidedly *not proven*. It is like many other theories from the same class of authorities, one-sided, and founded on insufficient premises.

Virchow gives the deathblow to the bacteria theory when he shows clearly, what every microscopist can demonstrate for himself, that bacteria exists in advance in the healthy body of almost every individual. All that is necessary to do is to take the excrement of any healthy individual, dissolve it carefully, when it will be found to contain bacteria in myriads, clearly discernible with the ordinary microscope. They are found in abundance not only in the excrements, but in the blood-vessels, and all along the alimentary tract, from the mouth to the anus. They exist in the air-passages; and are found not only in the mucus discharged from the nose of the healthy individual, but in that thrown up from the minute bronchi, and are constantly present upon the surfaces of open wounds, without any unpleasant results being noticed. Bacteria have been injected into the blood-vessels of low organisms by thousands, without producing any unpleasant effect; and contagious menstrua have been subjected to a heat of two hundred and twelve degrees, a temperature known to destroy all recognized forms of living matter, without losing any of its virulence. Before these facts, and many more of equal strength, it seems to us the bacteria theory falls to the ground, and we must look to other sources for the real cause of this fearful malady, which, during the past few years, has filled so many hearts with sadness and terror.

In concluding this article, already too long, but in which we have only noticed the first volume of the Cyclopedia, we have no doubt the book will find a welcome place in the library of most of our physicians. We hardly need caution them, however, not to receive too implicitly its theories, or place too much reliance upon its methods of treatment.

HOMŒOPATHIC HOSPITAL FAIR.

One of the most elegant fairs ever held in New York has just closed its labors, and if the pecuniary success was not equal to what was expected, still, the amount realized was very respectable. The fair was a success, not only in the money raised, but especially in the social element, and in the harmony and good feeling which prevailed.

By a recent act of legislature the three hospital associations which have heretofore divided the interest of our friends, are united in one, under the name of the Hahnemann Hospital. This fair will bring to the general fund the sum of $27,160, one thousand dollars of this sum being the contribution of Mrs. R. L. Stuart.

Of the amount raised, the Eureka table furnished,	$1,527
Lady Washington Table	3,600
Guernsey Cottage	3,162
Bric-a-brac	2,729
Harlequin	2,240
Floral	1,959
Eclectic and Domestic	1,906
Refreshments	1,393
Mrs. J. W. Barrow	1,257
Au bon Marche	1,146
Cornucopia	1,081
22d Regiment	1,039
Palais Royal	567
Norwalk	435

With seventy-five thousand dollars in the treasury, and twelve lots of ground, we can look forward to the not distant day when we shall have a hospital worthy of our school and the city.

Medical Items and News.

A MONUMENT is about to be erected in Stockholm, to Scheele, the great Swedish chemist, who discovered tartaric acid, chlorine, baryta, and glycerine; he also discovered oxygen in 1777, in the course of his own independent researches, though the honor of prior discovery belongs to Priestley.

THE State Homœopathic Medical Society of New Jersey has elected the following officers for the ensuing year: President, Dr. H. F. Hunt of Camden; First Vice-President, Dr. A. P. McComber of Hackensack; Second Vice-President, Dr. J. Younglove of Elizabeth; Third Vice-President, Dr. L. Dennis of Newark. Dr. W. J. Andrews of Newark was re-elected Secretary, and Dr. G. W. Bailey of Elizabeth re-elected Treasurer.

DR. A. K. GARDNER was suspended from the New York Academy of Medicine, for consulting with homœopaths. Dr. J. Marion Sims was suspended from the same illustrious Academy of distinguished *Savans*, for writing letters for a public journal upon Miss Cushman. Dr. Gardner is still shivering in the cold, either from his own obstinacy or from some other cause, while Dr. Sims has recently been elected President of the National Medical Association, with only four dissenting votes. *O Tempora, o Mores!*

THE committee appointed by the County Medical Society to devise and recommend measures for the proper celebration of the anniversary of Hahnemann's birth, made their report at the meeting on Wednesday evening the 12th ult. The details of the event, as determined upon, will be given at a later period. Dr. H. D. Paine, Chairman of the Committee, said he had communicated with the President of the Kings County Society, and it was suggested as the result of the conference, that the Medical Society of the State be invited to hold its next semi-annual meeting in September, in this city, and join with our Society and that of Kings County, in the celebration proposed. A liberal expression of opinion is solicited and the coöperation of all the physicians is desired, to make the demonstration a popular one.

THE first annual report of the Tompkins Square Homœopathic Dispensary has recently been published. This institution is situated at No. 265 East Fourth street. It was formerly a branch of the Bond Street Dispensary, but in 1873, owing to lack of funds, it was cut off, and it seemed probable at one time that its good work would be discontinued. Owing to the enterprise and charity of its present manager, however, it was maintained, and in 1874 a number of philanthropic people formed a corporation under the present auspices. The Dispensary is favorably located, and the amount of suffering it annually relieves is consequently very great. The number of patients treated during the past year was 11,422; number of out-door visits made, 2,108; number of prescriptions prepared, 23,797. The attending physicians are Drs. John P. Ermentraut, William Krause, and Charles Ermentraut.

A HOMŒOPATHIC COLLEGE is to be established at Ann Arbor, Michigan, as a branch of the University. The State has appropriated the sum of $6,000 per annum for the support of the college. The following is the law recently passed by the Legislature, authorizing the establishment of the institution:

SECTION 1.—The people of the State of Michigan, enact: The Board of Regents of the University of Michigan are hereby authorized to establish a Homœopathic Medical College, as a branch or department of said University, which shall be located at Ann Arbor.

SECTION 2.—The Treasurer of the State of Michigan shall, on the first day of January, 1876, pay out of the general fund, to the order of the Treasurer of the Board of Regents, the sum of six thousand dollars, and the same amount on the first day of January of each year thereafter, which moneys shall be used by said regents exclusively for the benefit of said department.

THE Homœopathic Surgical Hospital and the Hahnemann Hospital were, by virtue of an act signed by the Governor, on March 20, authorized to consolidate, under the name of the Hahnemann Hospital. The new Board of Trustees consists of eight members from each of the boards of the old institutions, and eight members from the Woman's Hospital Ladies' Aid Association. At the first meeting, held at the Windsor Hotel, on the evening of May 1, eighteen members of the Board were in attendance. An organization was effected by the election of Salem H. Wales, as Chairman, and Charles C. Pinckney, as Secretary. The following is the list of trustees: Sinclair Tousey, J. W. Barrow, W. A. Ogden Hegeman, William Radde, Alfred Mackay, Hiram Calkins, R. S. Storrs, and Roger H. Lyon, chosen for one year; William

Orton, William H. Wickham, Edward H. Kent, J. M. Bundy, Edmund H. Dwight, Spencer W. Coe, O. H. Palmer, and John H. Davidson, for two years; Josiah Macy, Jr., H. F. Averill, Salem H. Wales, Charles Watrous, Charles C. Pinckney, Charles P. Leverich, Henry Hilton, and George W. Clark for three years. The next meeting will be held on May 22. The hospital is in posession of ten lots on Sixty-sixth Street and Lexington avenue.

A SWEDISH chemist, Dr. Hamberg, has made some important researches on the arsenical coloring-matters of wall-paper. The paper of the room in which the experiments were conducted had a light-green ground, with an ornamental pattern of brownish-yellow color; this yellow was probably derived from an ochre, but the green resembled Schweinfurt green, and was strongly arsenical. An arrangement was made for drawing a current of air through a series of U-shaped and bulbed tubes, suspended on the wall. The passage of air was continued from July 16th to August 16th, and it was calculated that during this time about 2,160,000 cubic centimetres of air had traversed the system of tubes. Some of the tubes had been plugged with cotton wool, while others contained a solution of nitrate of silver, and at the termination of the experiment the contents of the tubes were separately examined. The results showed that there had been an arsenical exhalation. The family living in the house had never suffered any marked injury from breathing this poisoned air; but Dr. Hamberg, after sleeping in a room by the side of the apartment in which his experiments were made, and with the door opened, frequently experienced, on the following morning, a sense of heaviness in the head, and a general feeling of weariness.

SEVERAL cases of extraordinarily high temperature with recovery, have recently been recorded. The London *Lancet* for March, 1875, reports a remarkable case of this character observed by J. W. Teale, and read before the Clinical Society of London. It was in the case of a young lady, who suffered an accident by which two ribs were fractured and an injury to the spine incurred. Symptoms of spinal meningitis set in, and the temperature, which had regained the normal shortly after the accident, began to rise. One month after the accident it was 101° F., and in another month it had reached 105°. Two months later it fluctuated between 110° and 118°, reaching subsequently 122° on two occasions, and falling in the interval to 114°. Three months after the accident it regained the normal. The general condition of the patient did not seem to have been one of extreme danger, except during the highest temperature. The pulse never rose above 120°, and the respiration was not notably embarrassed. Dr. Da Costa, in the *American Journal of Medical Sciences*, gives a case of recovery after a temperature of 110°, two observations confirming the record.

Again, in the *Medical Record* of May 8th, 1875, J. G. Bacon, M. D., records two more cases observed in his practice. Both patients had pneumonia; the first a girl aged 16 years. Temperature continued rising up to the fifth day, when it stood, as carefully noted by a self-registering thermometer, 107.5°. The second case was a brother in the same family, aged 20 years. Temperature *very carefully* taken forty-six hours after onset of disease, was 110°. Recovery followed in the ordinary time.

DR. BEHRENS in the *Philadelphia Medical Times* recently presented some statistics relative to the proportion of deaths at different hours of the day. He found that in 1,073 cases the maximum death-rate was 82, and these occurred between the hours of six and seven in the morning; the mininum was 25, and was between eleven and twelve P. M. We conclude from this table that mortality suddenly increases at midnight and gradually rises until about nine in the morning, when it again declines more or less regularly until it reaches its minimum a little before midnight. Two causes for this variation Dr. Behrens thinks are especially important in this connection, namely, "nursing, and the solar influence." The influence of the sun upon the vital processes, although the precise nature of their relations to each other is yet obscure, is an undisputed fact, and the coincidence that the period of greatest mortality corresponds with the time at which the solar influence has been longest withdrawn, is, to say the least, significant. But it is remarked that the decrease in the death-rate continues for some time after sunset, and this would appear not to accord with the proposed theory. This, however, is explained by reference to the fact that "the effects of the sun do not disappear with it," and by supposing that the absence of the sun's rays is compensated in some measure by the extra attention paid to the patient's comfort as night approaches, and to the soothing influences of quiet and security from disturbances. Again, in the early morning hours, after a night of

watching, the vigilance of the attendants is very apt to be relaxed. The measures that have been administered at regular intervals during the night are more liable as dawn approaches and the watchers become wearied and sleepy, to be neglected, and it may be the spark of life is extinguished, when, possibly, a little nourishment or a few drops of stimulus might have arrested the impending danger.—*April* 3, 1875.

Surgery of the Arteries.—In a course of lectures lately delivered before the Medical Society of London, Mr. Maunder indorses the dictum of Guthrie, that in cases of wound (in the groin, for instance) followed by free hemorrhage ceasing either spontaneously or by the use of some simple means, no artery is to be tied unless it bleed, provided the safety of the patient can be secured by special means. When, however, bleeding recurs frequently from a wounded artery, the ligature must be applied. Experience has shown that repair can be more certainly expected to occur on the proximal than on the distal side of the ligature on an artery, and consequently when secondary hemorrhage does arise, to know whence it comes is of the utmost value to the surgeon. Should the blood be arterial and proximal, little else than the application of a ligature higher up the trunk (with a possible repetition of the bleeding, or even gangrene of the limb), will suffice to arrest it. But the prognosis will be much more favorable if the blood be of a dark color (the blood flowing from the distal end is not necessarily venous), when rest and the local application of cold will be effectual.) Mr. Maunder records cases which show that at the ages of 19 and 28, the superficial femoral may be suddenly and permanently obstructed without the supervention of gangrene at the extremity of the limb. In cases of wound of artery in which careful compression and bandaging fail and the bleeding is proximal, Mr. Maunder recommends ligature of the main artery, and then the careful application of pressure. He considers it to be desirable to ligature the brachial artery rather than both radial and ulnar, for secondary hemorrhage from the hand. In malignant disease, when the growth cannot be removed, and it is impossible to check bleeding by milder measures, the feeding artery may be ligatured.—*Lancet*, Feb. 27, 1875.

THE deaths from diphtheria for last week only reach the low figure of twenty-eight. As this diminished mortality has been preceded by no marked diminution of the reported cases, it may safely be inferred that the virulence of the disease is on the decrease.

Correspondence.

The following letter recently received, expresses so much encouragement and good advice, that we willingly give it a place in our columns.

EAST SAGINAW, MICH., *April* 28th, 1875.

TO THE EDITORS OF THE HOMŒOPATHIC TIMES.

GENTLEMEN:—The first number of the TIMES has been received with many thanks. Allow me to express the hope that this change will not deprive us of the valuable pens of my very particular friend, Dr. J. C. Minor, nor that of the veteran A. K. Gardner, M.D. I also hope that the motto may prove true, that "in union there is strength," and thus grant to the new combination a long lease of life and prosperity.

I think that I might volunteer an advice once given me by the lamented Walter Williamson, of Philadelphia, as a "key note" to success in practice, and which ought also to apply with equal force to a literary enterprise, viz: "Never have pets among your patrons." Short but wise saying, this!

Another good quality of a publisher is to allow correspondents the utmost latitude and individuality, and to abstain from muzzling even an otherwise unwelcome tongue. Let your journal become the arena of free thought and expression, and give combatants the privilege of "fair play." Above all, let him stand by the *meritorious weak*, and shield him against the assaults of *charlatans* and *pretenders*, such as your article on "Effect" none too keenly depicts. Many a willing heart, and many, many talented minds, have been driven into mental, moral, and pecuniary ruin, by the irrepressible arrogance of such as almost every medical society is burdened with. Yes, it is that class of vampires whose chief business it is to pack medical conventions, arrange offices, and talk loudest on purely business affairs of the Society; but who, as soon as science and actual hard knocks at knowledge come into play are, always exceedingly busy with Committee matters. And it is, indeed, this class of wire-pullers which has placed the "American Institute" in such an unenviable light with many of its best well-wishers, and which, ere this, has wrecked many a small local society.

But enough! God's speed to the newly refitted bark; may it never need jury-masts, or ever be obliged to seek a lee; and may the HOMŒOPATHIC TIMES bring good times to Homœopathy, is the sincere wish of— Yours truly,

FRANK A. ROCKWITH, M.D.

On the Origin of Urinary Fistulæ in Women.—Landau of Breslau (*Berliner Klinische Wochenschrift*, Nov. 23, 1874) spoke on the genesis of urinary fistulæ in women. He blamed the forceps as the chief cause of fistulæ situated in the lower portion of the vagina and of complicated ones, not so much by the production of sloughing by their blades, as by pressing the back of the head against the anterior pelvic walls and increasing friction. For the formation of fistulæ situated higher up, the pressure of parturition alone sufficed as the direct cause.—*London Med. Record*, Jan. 23, 1875.

Publisher's Department.

THE HOMŒOPATHIC TIMES will be glad to receive from its subscribers reports of interesting clinical cases. Particular attention will be given to this department of the journal; hitherto, it has been too much neglected. Such communications may be sent to the publisher's office, 18 West Twenty-third Street, New York.

PHYSICIANS DESIRING to purchase doctors' phaetons, wagons, or gigs, will find reliable parties advertising with us, viz.: M. Curley and F. R. Wood. See pages 5 and 7 of advertisements.

TELL YOUR DRUGGIST or grocer in the country to be supplied with Delluc's Biscotine. In treating summer complaints it assists greatly the action of remedies, for very few cooks can prepare properly food for a person with an abnormally sensitive stomach.

REMOVALS.

DR. WILSON PETERSON from 272 Madison avenue to 34 E. 39th Street.

DR. ALFRED K. HILLS, from 20 E. 24th street to 33 W. 23d street.

CLARA C. PLIMPTON, M.D., Secretary of the Hahnemann Academy of Medicine, from Lexington Avenue, cor. 37th Street, to No. 166 Lexington Avenue.

ADVERTISEMENTS for sale and transfer of Practices, Partnerships, etc., will be inserted in this column at the rate of $5.00, in advance, for four insertions of not more than ten lines.

WE HOPE those who wish to subscribe for the HOMŒOPATHIC TIMES will respond quickly, so as to avoid the sending of back numbers, as is a frequent request of subscribers.

WE desire to call the attention of our subscribers to the advertisement of the enterprising book firm of Dodd & Mead. Their new establishment, No. 751 Broadway, opposite Astor Place, is one of the most commodious and elegant in the trade. We regard the firm as one of perfect reliability, and as such we recommend the house to our readers. The stock of books covers all classes and descriptions, and every purchaser is bound to feel perfectly satisfied with all his transactions, with the gentlemanly and competent attendants.

WE have been accustomed for several years to prescribe the "Century Whisky," in all cases where a stimulant of that kind was needed. We look upon it as the purest whisky in the market, and from our knowledge of the house from whence it comes, and the quality of the article, we can recommend it with the utmost confidence. The advertisement of Messrs. Thurber & Co. may be found in our advertising pages.

DUNDAS DICK & CO. SOFT CAPSULES.

THE *Pharmacal Gazette*, in a recent notice of the goods of this celebrated house, which have recently become so popular, says: "It is known that very impure and wretched drugs have been put up in this form by the unprincipled, and that the use of the capsule covering has thus been brought into great disrepute. To heighten the reputation of this admirable vehicle is the work of Dr. Dick, and he accomplishes it by the strictest fidelity in the preparation of his goods. He secures only pure articles, regardless of cost, and puts them up with scrupulous care. No quack compounds or secret preparations are thus put up, but solely those which are employed by the regularly educated medical men."